

CLERK OF THE
STATEMENT OF ECONOMIC INTERESTS
BOARD OF SUPERVISORS

COVER PAGE
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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Mitzelfelt	Bradley	Vincent	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			
OPTIONAL E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:
San Bernardino County Board of Supervisors

Division, Board, District, if applicable:
First District

Your Position:
Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached list

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☒ County of San Bernardino

☐ City of _____

☒ Multi-County _____

☒ Other See attached list

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: _____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is _____, through December 31, 2009.

☐ Leaving Office Date Left: _____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is _____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/23/2010
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing officer.)

Bradley V. Mitzelfelt
California Form 700 – Statement of Economic Interests
Attachment for Multiple Agencies and Positions Held

Multi-County San Bernardino and Los Angeles Counties	
Name of Agency	Position Held
High Desert Corridor Joint Powers Authority	Chairman, Board
Multi-County San Bernardino and Riverside Counties	
Name of Agency	Position Held
Inland Empire Health Plan	Member, Board of Directors
Inland Empire Health Plan Health Access	Member, Board of Directors
Mojave Desert Air Quality Management District	Member, Board
Inland Empire Economic Recovery Corporation	Member, Board of Directors
San Bernardino County	
Name of Agency	Position Held
Local Agency Formation Commission	Commissioner
Mojave Desert and Mountain Recycling J.P.A.	Member, Board
Morongo Basin Transit Authority	Member, Board
Omnitrans	Member, Board
San Bernardino Associated Governments	Member, Board of Directors
Victor Valley Economic Development Authority	Chairman, Board
Victor Valley Transit Authority	Member, Board
Victor Valley Wastewater Reclamation Authority	Member, Board
Indian Gaming Local Benefit Committee	Member, Board
Multi-State California-Arizona-Nevada-Utah	
Name of Agency	Position Held
Quad State Local Governments Authority J.P.A.	Member, Board

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Mitzelfelt, Bradley V.

▶ NAME OF SOURCE
Aqua Caliente Band of Cahuilla Indians

ADDRESS (Business Address Acceptable)
520 South Grand Ave., # 700, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 12 / 09	\$ 90	Grand Opening Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
Reggie King

ADDRESS (Business Address Acceptable)
10370 Trademark St., Rancho Cucamonga, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home Builder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 17 / 09	\$ 350	Concert Tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
Paul Biane Family

ADDRESS (Business Address Acceptable)
385 N. Arrowhead Ave., San Bernardino, CA 92415

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 9 / 09	\$ 135	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
Trish Lawrence

ADDRESS (Business Address Acceptable)
385 N. Arrowhead Ave., San Bernardino, CA 92415

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Administrative Support

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 09	\$ 10	Beverage holder
8 / 10 / 09	\$ 50	Necktie & briefcase
10 / 19 / 09	\$ 60	Neckties

▶ NAME OF SOURCE
Trish Lawrence

ADDRESS (Business Address Acceptable)
385 N. Arrowhead Ave., San Bernardino, CA 92415

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Administrative Support

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 09	\$ 18	Engraved brick
12 / 14 / 09	\$ 15	Book
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____